

# **LB 692 and 543**

## **Mental Health and Substance Abuse Service Expansion**

### **Progress Report**

On the first six months of implementation  
(July 2001 through December 2001)

**January, 2002**

**Nebraska Office of Mental Health Substance  
Abuse and Addiction Services**

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

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## I. Introduction:

### A. Legislative Action:

The 2001 Legislature enacted LB 692 and LB 543, allocating a total of \$9.5 million from the Nebraska Tobacco Settlement Fund, state general funds and federal funds toward the enhancement and expansion of the state's community based behavioral health services. A part of the increased funding provided by LB 543 was targeted by HHSS to mental health services provided under contracts with the four Native American tribes of Nebraska: Winnebago, Omaha, Santee, and Ponca, and to expand Rural Mental Health Crisis Counseling.

The bill also included an additional \$2.6 million for rate increases for providers, \$1.5 million to fund Post Commitment Days, and \$600,000 in FY 02 for prescription medications for indigent persons.

The greater portion of the new funds appropriated in the two bills, however, were distributed by the Office of Mental Health, Substance Abuse and Addiction Services to the Regions to expand local services.

### B. Governor's Expectations: The Governor outlined the following on April 18, 2001 at the Region V Special Populations Conference:

*"(Mental health) monies are targeted to expand community based services across the state in response to crisis situations at the local level...(monies) focused on five priorities:*

- Decreasing the number of post commitment days*
- Decreasing the number of Emergency Protective Custody situations*
- Decreasing the number of days consumers are served in inappropriate levels of care*
- Decreasing the number of commitments to Regional Centers for substance abuse, and*
- Increasing the service capacity available to these special populations, including those who are in the juvenile justice system."*

### C. Expectations of the leadership of the Unicameral HHS Committee: Senator Jensen, Chair of the Committee, told the Omaha World Herald on February 1, 2001:

*"We need an incremental and long-term approach that's focused on removing current deficiencies and barriers in the system and is focused not on the system but on helping people. .... We need to ensure that basic core services are available and accessible and that they're competently and efficiently provided. And we need to focus on enabling people to help themselves and to live and work in their communities with the greatest possible independence and self-sufficiency."*

### D. Nebraska Health and Human Service System (HHSS) response:

In order to carry out the expectations of the Legislature and the Governor, the Office of Mental Health, Substance Abuse and Addiction Services of HHSS developed a Statewide Plan, submitted to the Regional Program Administrators, providers, and consumers/advocates on May 22, 2001. The Plan outlined the Goals, Objectives, Action

Steps, Expected Outcomes and Timelines for implementation of LB 692. (See Appendix A). Also included in the Plan were the Standards and Expectations (Appendix B). In June each region was notified of the amount of new funds it would receive and instructions and timelines for submitting plans to the Office. All plans were expected to show direct impact on the Primary Strategies.

**Primary Strategies:**

- Decrease Post Commitment Days in the Region
- Decrease the number of EPC's
- Decrease the number of days consumers are in inappropriate levels of care
- Decrease the number of commitments to Regional Centers for Substance Abuse Services developed for special populations including individuals in the criminal justice system
- Ensure that services are equitably provided in all counties within the Region based upon need Strategy for providing intermediate level of care in the Region
- Assertive Community Treatment (ACT). This was identified as a Policy Cabinet Priority.

## II. Regional Action

Each region received a portion of the expansion funds based on an established distribution formula agreed to by the Regions and approved by HHSS. Each Region developed, subject to approval of Nebraska HHSS, its own set of services to respond to the state strategies, based on the need of the local population and current service availability. (Appendix C.) Region II completed the process with one round of competitive bids, and was able to begin moving forward with service development in October. Regions I and IV required additional rounds of bidding, but have also completed the process and service development is underway. Regions III, V, and VI are still completing the competitive bid process for some services. The services being developed (by Region) are as follows:

Region I: Community Support (Mental Health)  
Local Crisis Response Teams and Emergency Psychiatric Service Coordination

Region II: Short Term Residential Services (Substance Abuse)  
Client Centered Support for Persons in Assisted Living and Respite Care  
Emergency Community Support

Region III: Community Support (Mental Health and Substance Abuse)  
Day Rehabilitation (Mental Health)  
Short Term Residential (Substance Abuse)  
Intensive Outpatient (Substance Abuse)  
Outpatient (Substance Abuse) – Drug Court  
Crisis Intervention/Emergency Community Support/Civil Protective Custody

Region IV: Community Support (Mental Health and Substance Abuse)  
Day Rehabilitation (Mental Health)  
Short Term Residential (Substance Abuse)  
Dual Disorder Residential  
Social Detox (Substance Abuse)  
CADAC Assessment (Substance Abuse) – Criminal Justice  
Crisis Management

Region V: Community Support (Mental Health)  
Outpatient (Mental Health)  
Vocational Support (Mental Health)  
Bi-Lingual/ Bi-Cultural Case Management Services  
Halfway House (Substance Abuse)  
Short Term Residential (Substance Abuse)  
Intermediate Residential (Substance Abuse)  
Intensive Outpatient (Substance Abuse)  
Emergency Protective Custody  
Intensive Care Management – High Need  
Dual Disorder Residential

Region VI: Community Support (Mental Health)  
Day Rehabilitation (Mental Health)  
Intensive Outpatient (Substance Abuse)  
Social Detox (Substance Abuse)  
Urgent Outpatient/Urgent Medication Management (Mental Health)  
Crisis Center

### **III. Summary**

#### Services to be Added:

Overall, services for an estimated 3,000 – 4,000 additional Nebraskans with mental illness and/or substance abuse recovery needs can be added during Fiscal Year 2002.

Three regions are adding Mental Health Day Rehab Service Capacity. An additional 79 Mental Health Day Rehabilitation service slots are being added with capacity of service to more than 100 individuals.

Three regions are adding Intensive Outpatient Therapy capacity. An estimated 160 additional individuals will be able to be served in this program.

An estimated 60,000 to 70,000 additional Outpatient Therapy hours will be added, including the Region VI Urgent Outpatient Services..

All six regions are adding or expanding emergency or pre-emergency services to provide earlier and less restrictive intervention to individuals in crisis or on the edge of crisis. These services are anticipated to reduce the need for Emergency Protective Custody, which in turn should decrease commitments and post commitment days.

All six regions are adding additional Community Support capacity (estimated 360 individuals) in mental health and three are adding capacity in substance abuse.

Four regions are adding additional Short Term Residential beds for individuals needing Substance Abuse treatment. An additional 18 Short Term Residential Substance Abuse treatment beds are being added, with capability of serving an estimated 216 individuals.

Of the total funds allocated to develop new services in the local communities, an estimated \$2.5 million will not be drawn down during the first year due to time required for the competitive bid process, contract negotiations, and start up.

**A. Services Added Residential**

Service	Region	Provider	Est Cap Increase*	Primary Strategy/Secondary Strategy Impacted
<b>Substance Abuse</b>				
Intermediate Residential	V	Cornhusker Place	14 (7 beds)	<ul style="list-style-type: none"> <li>Decrease the number of commitments to Regional Centers for Substance Abuse Services developed.</li> <li>Decrease the number of days consumers are in inappropriate levels of care.</li> </ul>
Short Term Residential	II	St. Monica	48	<ul style="list-style-type: none"> <li>Decrease the number of commitments to Regional Centers for Substance Abuse Services developed.</li> <li>Decrease the number of days consumers are in inappropriate levels of care.</li> </ul>
	III	<ul style="list-style-type: none"> <li>St. Francis</li> <li>South Central Behavioral Health</li> </ul>	24 36	
	IV	BHS/SOS Place	48	
	V	To Be Determined	60	
Halfway House	V	Houses of Hope	4	<ul style="list-style-type: none"> <li>Decrease the number of commitments to Regional Centers for Substance Abuse Services developed.</li> <li>Decrease the number of days consumers are in inappropriate levels of care.</li> </ul>
<b>Dual Disorder</b>	IV	Well Link	3 beds	Decrease the number of days consumers are in inappropriate Level of Care
	V	To Be Determined		

\*Represents **Additional Individuals Served Annually**, unless otherwise stated.



**B. Services Added – Non Residential**

Service	Region	Provider	Est Cap Increase	Primary Strategy
<b>Mental Health</b>				
Day Rehabilitation	III	Central Nebraska Goodwill	4 slots	<ul style="list-style-type: none"> <li>Decrease the number of days consumers are in inappropriate levels of care</li> </ul>
	IV	Sandhills	9 slots	
	VI	To Be Determined	68 slots	
Community Support	I	1. Western Community Health 2. Panhandle	20 20	<ul style="list-style-type: none"> <li>Decrease the number of days consumers are in inappropriate levels of care</li> </ul>
	II	Pawnee Hotel	60	
	III	1. Central NE Goodwill 2. South Central	20 20	
	IV	Behavioral Health Sandhills	20 40	
	V	CenterPointe Community Mental Health	140	
	VI	To Be Determined	20	
Outpatient	V	1. Community Mental Health 2. Family Services 3. To Be Determined 4. Lutheran Family Services	40,000 hours	<ul style="list-style-type: none"> <li>Decrease the number of EPC's</li> <li>Decrease the number of days consumers are in inappropriate levels of care</li> </ul>
Vocational Support	V	Community Mental Health	TBD	<ul style="list-style-type: none"> <li>Decrease inappropriate Level of Care</li> </ul>
<b>Substance Abuse</b>				
Intensive Outpatient	III	South Central Behavioral Health - St. Francis	15	<ul style="list-style-type: none"> <li>Decrease the number of commitments to Regional Centers for Substance Abuse Services developed for special populations including individuals in the criminal justice system</li> <li>Decrease inappropriate Level of Care</li> </ul>
	V	1. Lutheran Family Services 2. To Be Determined	25 11	
	VI	Lutheran Family Services	108	
Community Support	III	Central Nebraska Goodwill	25	<ul style="list-style-type: none"> <li>Decrease the number of days consumers are in inappropriate levels of care</li> <li>Decrease the number of commitments to Regional Centers for Substance Abuse</li> </ul>
	IV	1. Sandhills 2. BHS	25 25	
	V	To Be Determined		
Outpatient (Drug Court Emphasis)	III	St. Francis South Central Behavioral Health	60	<ul style="list-style-type: none"> <li>Decrease the number of commitments to Regional Centers for Substance Abuse Services developed for special populations including individuals in the criminal justice system</li> </ul>
CADAC Assessment - Criminal Justice	IV	To Be Determined	TBD	<ul style="list-style-type: none"> <li>Decrease the number of commitments to Regional Centers for Substance Abuse Services developed for special populations including individuals in the criminal justice system</li> </ul>

**C. Emergency Intervention Services**

Service	Region	Provider	Est Cap Increase	Primary Strategy
Crisis Center	VI	To Be Determined	416	<ul style="list-style-type: none"> <li>Eliminate Post Commitment Days in the Region</li> <li>Decrease the number of EPC's</li> </ul>
Emergency Protective Custody	V	Cornhusker Place	TBD	<ul style="list-style-type: none"> <li>Eliminate Post Commitment Days in the Region</li> </ul>
Crisis Intervention	III	To Be Determined	723	<ul style="list-style-type: none"> <li>Eliminate Post Commitment Days in the Region</li> <li>Decrease the number of EPC's</li> </ul>
Crisis Response Teams	I	In Touch Counseling Panhandle Mental Health	TBD	<ul style="list-style-type: none"> <li>Eliminate Post Commitment Days in the Region</li> <li>Decrease the number of EPC's</li> </ul>
Urgent Outpatient & Urgent Med. Management	VI	Lutheran Family Services	Up to 1800	<ul style="list-style-type: none"> <li>Eliminate Post Commitment Days in the Region</li> <li>Decrease the number of EPC's</li> </ul>
Emergency Community Support	I II III	In Touch Counseling Richard Young Hospital To Be Determined	TBD TBD 723	<ul style="list-style-type: none"> <li>Eliminate Post Commitment Days in the Region</li> <li>Decrease the number of EPC's</li> </ul>
Detox	IV VI	BHS/SOS Place Catholic Charities	200 400	<ul style="list-style-type: none"> <li>Decrease the number of commitments to Regional Centers for Substance Abuse</li> </ul>

**D. Miscellaneous Services**

Service	Region	Provider	Est Cap Increase	Primary Strategy
Bi-Lingual Bi-Cultural	V	To Be Determined	TBD	<ul style="list-style-type: none"> <li>Services developed for special populations including individuals in the criminal justice system</li> </ul>
Respite – Short Term	V	To Be Determined	TBD	<ul style="list-style-type: none"> <li>Decrease the number of commitments to Regional Centers for Substance Abuse</li> <li>Services developed for special populations including individuals in the criminal justice system</li> </ul>

**Strategies:**

The strategies affected by the proposed services were the driving force in plan development and approval across the state.

- A. Eliminate Post Commitment Days: Most of the services added were identified by their Regions as having a direct impact on this issue. (See Appendix C) However, those services which are anticipated to the greatest impact are the Crisis Intervention, Urgent Intervention Services, and Emergency Community Support at the “front end” of the service cycle, and additional community based rehabilitation and treatment services to serve individuals ready for release from the regional centers, such as Day Rehabilitation, Short Term Residential, and Community Support.
- B. Decrease the number of EPC’s: This strategy is closely tied to front-end causes of post commitment days. The Crisis Intervention related services and Emergency Community Support services are anticipated to have the greatest impact.
- C. Inappropriate Level of Care. Nearly all the services being developed are linked to addressing this strategy. However, those services addressing Level of Care as the primary or only strategy are Community Support, Vocational Support, and Dual Disorder.
- D. 1) Decrease the number of commitments to Regional Centers for Substance Abuse Services  
2) Increase services developed for special populations including individuals in the criminal justice system: Services have been expanded for community based substance abuse treatment in nearly all regions. In addition, two regions have added substance abuse services targeting criminal justice clients. One region, Region V is adding services to address the Bi-lingual, multicultural needs of the area, which has one of the highest concentrations of immigrant populations in the country.
- E. ACT Teams: No regions specifically included ACT Teams in their plans. However, one region, Region V, did establish in its plan a new service described as Intensive Case Management, targeting extra supports to individuals with high rates of recidivism in the mental health system.
- F. 1) Assurance of services based on county need: Region I and Region III addressed this strategy by dividing the regions into two geographic areas for bid purposes, thereby establishing at least two providers for each service, each only half the geographic area. The intent is to bring the services closer to the individual. Region V divided key services in the plan between urban and rural to assure that the key services were more readily available in the more rural counties. Region VI addressed this issue by requiring bidders to provide the service for the whole region, which, though the largest population in the state, also represents the smallest geographic area.  
2) Development of intermediate care: Region V addressed this strategy through the addition of Intermediate Residential Services for Substance Abuse. Not specifically addressed by any other region. However, the addition of Day Rehab services in Omaha for former Paxton Residents was driven in part by this need.

## Review of Services by Strategy

### 1. Eliminate Post Commitment Days

Service	Rg	Provider
Crisis Response Teams	I	In Touch Counseling
Emergency Community Support	I	In Touch Counseling
Community Support	I	Western Community Health Resources
Short Term Res	II	St. Monica
Emergency Community Support	II	Richard Young Hospital
Community Support	III	South Central Behavioral Services
Intensive Outpatient	III	South Central Behavioral Health
Intensive Outpatient	III	St. Francis
Crisis Intervention	III	<b>TBD</b>
Day Rehabilitation	III	Central NE Goodwill
Community Support	III	Central Nebraska Goodwill
Emergency Community Support	III	<b>TBD</b>
Detox	IV	BHS/SOS Place
Community Support	IV	Sandhills
Day Rehabilitation	IV	Sandhills
Community Support	IV	Sandhills
Dual Disorder	IV	Well Link
CADAC Assessment/Criminal Justice	IV	<b>TBD</b>
Community Support	IV	BHS
Short Term Res	IV	BHS/SOS Place
Short Term Res	V	<b>TBD</b>
Dual Disorder	V	<b>TBD</b>
Bi-Lingual/Cultural Service Coordination	V	<b>TBD</b>
Intensive Case Management	V	<b>TBD</b>
Halfway House	V	Houses of Hope
Short Term Res	V	St. Monica's
Intermediate Res	V	Cornhusker Place
Emergency Community Support	V	<b>TBD</b>
Respite - Short Term	V	<b>TBD</b>
Urgent Outpatient/Med. Management	VI	Lutheran Family Serv
Intensive Outpatient Detox	VI	Lutheran Family Serv Catholic Charities
Crisis Center	VI	<b>TBD</b>

### 2. Reduce Emergency Protective Custody

Service	Rg	Provider
Crisis Response Teams	I	In Touch Counseling
Emergency Community Support	I	In Touch Counseling
Community Support	I	Western Community Pawnee Hotel
Emergency Community Support	II	Richard Young Hospital
Crisis Intervention	III	
Intensive Outpatient	III	South Central Behavioral Health
Emergency Community Support	III	South Central Behavioral Services Central NE Goodwill
Day Rehabilitation	III	Central Nebraska Goodwill
Community Support	III	St. Francis
Intensive Outpatient	III	
CADAC Assessment/Criminal Justice	IV	
Dual Disorder	IV	Well Link
Community Support	IV	Sandhills
Day Rehabilitation	IV	Sandhills
Community Support	IV	Sandhills
Community Support	IV	BHS
Short Term Res	IV	BHS/SOS Place
Detox	IV	BHS/SOS Place
Outpatient	V	<b>TBD</b>
Dual Disorder	V	
Bi-Lingual/Cultural Service Coordination	V	<b>TBD</b>
Respite - Short Term	V	<b>TBD</b>
Short Term Res	V	<b>TBD</b>
Emergency Community Support	V	<b>TBD</b>
Outpatient	V	Lutheran Family Serv
Outpatient	V	Family Services
Outpatient	V	Community Mental Health
Community Support	V	Community Mental Health
Community Support	V	CenterPointe
Intermediate Res	V	Cornhusker Place
Intensive Case Management	V	<b>TBD</b>
Urgent Outpatient/Med. Management	VI	Lutheran Family Serv
Intensive Outpatient	VI	Lutheran Family Serv
Detox	VI	Catholic Charities

**3. Inappropriate Level of Care**

<b>Service</b>	<b>Rg</b>	<b>Provider</b>
Crisis Response Teams	I	In Touch Counseling
Emergency Community Support	I	In Touch Counseling
Community Support	I	Western Community Health Resources
Short Term Res	II	St. Monica
Emergency Community Support	II	Richard Young Hospital
Short Term Residential	III	St. Francis
Intensive Outpatient	III	South Central Behavioral Health
Community Support	III	Central NE Goodwill
Emergency Community Support	III	<b>TBD</b>
Community Support	III	South Central Behavioral Services
Day Rehabilitation	III	Central NE Goodwill
Community Support	III	Central Nebraska Goodwill
Intensive Outpatient	III	St. Francis
CADAC	IV	<b>TBD</b>
Assessment/Criminal Justice		
Community Support	IV	Sandhills
Day Rehabilitation	IV	Sandhills
Community Support	IV	Sandhills
Community Support	IV	BHS
Short Term Res	IV	BHS/SOS Place
Detox	IV	BHS/SOS Place
Dual Disorder	IV	Well Link
Community Support	V	<b>TBD</b>
Dual Disorder	V	<b>TBD</b>
Bi-Lingual/Cultural Serv Coord	V	<b>TBD</b>
Intensive Outpatient	V	<b>TBD</b>
Intermediate Res	V	Cornhusker Place
Short Term Res	V	<b>TBD</b>
Intensive Outpatient	V	Lutheran Family Serv
Halfway House	V	Houses of Hope
Vocational Support	V	Community Mental Health
Emergency Protective Custody	V	Cornhusker Place
Short Term Res	V	St. Monica's
Community Support	V	Community Mental Health
Community Support	V	CenterPointe

Intensive Case Management V **TBD**

<b>Service</b>	<b>Rg</b>	<b>Provider</b>
Urgent Outpatient/Med. Management	VI	Lutheran Family Serv
Intensive Outpatient	VI	Lutheran Family Serv
Detox	VI	Catholic Charities
Day Rehabilitation	VI	<b>TBD</b>
Community Support	VI	<b>TBD</b>

**4. Substance Abuse Admissions to Regional Center**

<b>Service</b>	<b>Regi</b>	<b>Provider</b>
Crisis Response Teams	I	In Touch Counseling
Emergency Community Support	I	In Touch Counseling
Community Support	I	Western Community Health Resources
Short Term Res	II	St. Monica
Emergency Community Support	II	Richard Young Hospital
CADAC	IV	<b>TBD</b>
Assessment/Criminal Justice		
Community Support	IV	Sandhills
Community Support	IV	BHS
Short Term Res	IV	BHS/SOS Place
Detox	IV	BHS/SOS Place
Dual Disorder	IV	Well Link
Short Term Res	V	St. Monica's
Emergency Community Support	V	<b>TBD</b>
Halfway House	V	Houses of Hope
Intensive Outpatient	V	Lutheran Family Serv
Intensive Case Management	V	<b>TBD</b>
Intensive Outpatient	V	<b>TBD</b>
Dual Disorder	V	<b>TBD</b>
Intermediate Res	V	Cornhusker Place
Urgent Outpatient/Med. Management	VI	Lutheran Family Serv
Intensive Outpatient	VI	Lutheran Family Serv
Detox	VI	Catholic Charities
Crisis Center	VI	<b>TBD</b>

**5. Special Populations**

<b>Service</b>	<b>Rg</b>	<b>Provider</b>
Emergency Community Support	I	In Touch Counseling
Crisis Response Teams	I	In Touch Counseling
Short Term Res	II	St. Monica
Outpatient - Drug Ct	III	South Central Behavioral Health
Community Support	III	Central Nebraska Goodwill
Day Rehabilitation	III	Central NE Goodwill
Community Support	III	South Central Behavioral Services
Short Term Residential	III	St. Francis
Intensive Outpatient	III	St. Francis
Outpatient - Drug Ct	III	St. Francis
Intensive Outpatient	III	South Central Behavioral Health
Short Term Res	IV	BHS/SOS Place
Detox	IV	BHS/SOS Place
Dual Disorder	IV	Well Link
CADAC	IV	<b>TBD</b>
Assessment/Criminal Justice		
Vocational Support	V	Community Mental Health
Intensive Outpatient	V	Lutheran Family Serv
Intensive Case Management	V	<b>TBD</b>
Bi-Lingual/Cultural Serv Coord	V	<b>TBD</b>
Crisis Center	VI	<b>TBD</b>

**6. Develop ACT Services**

<b>Service</b>	<b>Rg</b>	<b>Provider</b>
Intensive Case Management	V	<b>TBD</b>

- Increase availability of Intermediate Level**

<b>Service</b>	<b>Rg</b>	<b>Provider</b>
Dual Disorder	IV	Well Link
Day Rehabilitation	VI	<b>TBD</b>

**8. Equitable Distribution of service by County**

<b>Service</b>	<b>Rg</b>	<b>Provider</b>
Community Support	II	Pawnee Hotel
Emergency Community Support	II	Richard Young Hospital
Short Term Res	II	St. Monica
Intensive Outpatient	III	St. Francis
Intensive Outpatient	III	South Central Behavioral Health
Outpatient - Drug Ct	III	St. Francis
Outpatient - Drug Ct	III	South Central Behavioral Health
Short Term Res	IV	BHS/SOS Place
Community Support	IV	BHS
Detox	IV	BHS/SOS Place
Community Support	IV	Sandhills
Outpatient	V	Lutheran FamilyServ
Community Support	V	<b>TBD</b>
Outpatient	V	<b>TBD</b>
Detox	VI	Catholic Charities
Urgent Outpatient/Med. Management	VI	Lutheran Family Serv
Intensive Outpatient	VI	Lutheran Family Serv

Mental Health Services Added			Substance Abuse Services Added		
Service	Rg	Provider	Service	Regio	Provider
Crisis Response Teams	I	In Touch Counseling	Emergency Community Support	I	In Touch Counseling
Emergency Community Support	I	In Touch Counseling	Crisis Response Teams	I	In Touch Counseling
Community Support	I	Western Community Health Resources	Emergency Community Support	II	Richard Young Hospital
Community Support	II	Pawnee Hotel	Emergency Community Support	III	<b>TBD</b>
Emergency Community Support	II	Richard Young Hospital	Crisis Intervention	III	<b>TBD</b>
Community Support	III	Central Nebraska Goodwill	Dual Disorder	IV	Well Link
Day Rehabilitation	III	Central NE Goodwill	Emergency Community Support	V	<b>TBD</b>
Community Support	III	South Central Behavioral Services	Dual Disorder	V	<b>TBD</b>
Crisis Intervention	III	<b>TBD</b>	Bi-Lingual/Cultural Serv Coord	V	<b>TBD</b>
Emergency Community Support	III	<b>TBD</b>	Respite - Short Term	V	<b>TBD</b>
Community Support	IV	Sandhills	Intensive Case Management	V	<b>TBD</b>
Day Rehabilitation	IV	Sandhills	Emergency Protective Custody	V	Cornhusker Place
Dual Disorder	IV	Well Link	Crisis Center	VI	<b>TBD</b>
Outpatient	V	Family Services			
Community Support	V	CenterPointe			
Intensive Case Management	V	<b>TBD</b>			
Dual Disorder	V	<b>TBD</b>			
Community Support	V	Community Mental Health			
Respite - Short Term	V	<b>TBD</b>			
Outpatient	V	Community Mental Health			
Outpatient	V	<b>TBD</b>			
Community Support	V	<b>TBD</b>			
Vocational Support	V	Community Mental Health			
Emergency Protective Custody	V	Cornhusker Place			
Outpatient	V	Lutheran FamilyServ			
Emergency Community Support	V	<b>TBD</b>			
Bi-Lingual/Cultural Serv Coord	V	<b>TBD</b>			
Urgent Outpatient/Med. Management	VI	Lutheran Family Serv			
Day Rehabilitation	VI	<b>TBD</b>			
Community Support	VI	<b>TBD</b>			
Crisis Center	VI	<b>TBD</b>			

**NEBRASKA BEHAVIORAL HEALTH SYSTEM (NBHS) STATEWIDE PLAN  
GOALS, OBJECTIVES, AND ACTIVITIES**

**September 30, 2001**

**GOAL:** Improve the operations of the Nebraska Behavioral Health System (NBHS) consistent with the intent of the Governor and Legislature.

The following priorities are established for implementing the requirements of LB 692 and LB 543:

- Decrease the number of Post Commitment Days
- Decrease the number of individuals placed in Emergency Protective Custody (EPC's)
- Decrease the number of days consumers are at inappropriate levels of care
- Decrease the number of commitments to Regional Centers for Substance Abuse and Mental Health
- Increase service capacity for special populations including individuals in the criminal justice system
- Increase service capacity available to Native Americans

**OBJECTIVES AND ACTION STEPS**

1. Increase Mental Health and Substance Abuse Service Capacity and improve consumer access to services.
  - 1.1. Develop Regional Plans of Expenditure for additional services/capacities in accordance with priorities established in the HHSS Statewide plan.
  - 1.2. Develop/implement Regional Request For Proposal (RFP) Process to determine providers of new or expanded services
  - 1.3. Develop and begin operation of Community mental health and substance abuse services in accordance with Regional Plans.
  - 1.4. Increase mental health service capacity for Native Americans.
  - 1.5. Develop and begin operation of additional capacity for Assertive Community Treatment (ACT) services.
  - 1.6. Increase use of Medicaid for Assertive Community Treatment (ACT) teams and coverage of substance abuse services.
  - 1.7. Increase capacity to serve sex offenders at the Regional Centers
  - 1.8. Increase the availability of quality, affordable housing for persons with severe and persistent mental illness and substance abuse/dependency.
  - 1.9. Develop and implement suicide prevention program
2. Implement a Rate Setting Methodology and Increase Rates Paid for Services Consistent with Legislative Intent.
  - 2.1. Increase rates paid to providers in NBHS by 7.5% beginning July 1, 2001.
  - 2.2. HHSS and NBHS develop an ongoing process (i.e., biennial review) for reviewing, revising, and recommending rate changes consistent with the cost of doing business.
  - 2.3. Recommend, on a biennial basis, a rate schedule based on rate methodology with the estimated costs for adopting the schedule to administration and legislature



3. Improve the process of transitioning consumers between providers.
  - 3.1. Improve the process of moving consumers from Regional Centers to community services.
  - 3.2. Improve the process for moving consumers between community providers
4. Improve the Quality and Delivery of Services provided by the NBHS.
  - 4.1. Determine NBHS customer needs and expectations and the level of demand for services
  - 4.2. Develop measures and indicators critical to measuring the success of the NBHS (Key Success Factors)
  - 4.3. Develop and implement a statewide MH and SA strategic plan.
  - 4.4. Develop, as part of Regional plans, a strategy for ensuring current services being delivered to Nebraskans to reflect the need for cultural and gender competency, the increase in the number of older Nebraskans, and a growing ethnic and minority population.
  - 4.5. Establish Employment 2003 Task Force to develop strategy to increase the availability of quality employment for persons with severe and persistent mental illness and substance abuse/dependency.
  - 4.6. Fully implement a quality improvement process for NBHS.
5. Improve provider participation in the information system.
  - 5.1. Require all providers in the NBHS and Regional Centers participate fully in the NBHS data information system to facilitate outcome measurement and systems communication.
  - 5.2. Improve the quality of data maintained in the NBHS Management Information System
  - 5.3. Develop a strategy for a single management information system to cover all aspects of the programs administered by the Deputy Director for Behavioral Health through the federal Mental Health Data Infrastructure Grant.
6. Develop and Implement a Process for Communicating the Performance of the NBHS.
  - 6.1. Develop and implement a communications plan to educate customers on purpose and performance of NBHS
  - 6.2. Submit Progress Reports to Policy Cabinet, Governor, Legislature
  - 6.3. Report annually to the Legislature and Governor on the performance of the NBHS and its success in resolving the problems identified in this document.

# **STATEWIDE PLANNING**

## **STANDARDS AND EXPECTATIONS**

**August 31, 2001**

### **1. Distribution of Funds**

Legislative intent as described in proposed legislation is as follows:

- a. Funds will be distributed to Regions “based upon a formula determined by the Department of Health and Human Services in consultation with Regional Governing Boards, providers, and other interested parties.”
- b. “The regional governing board shall ensure that such services are equitably provided in all counties within the region based on need.”

PLANNING REQUIREMENT:

- a. A portion of Regional funds must be allocated to MRO services to ensure that federal funding continues to be made available to ensure continuity of community based services. Approximately \$700,000 of the increase in state funds provided to NBHS in this legislative session will be required to generate the \$1 million increase appropriated in the appropriations bill.

### **2. Services to be Developed**

Legislative intent as described in proposed legislation is as follows:

- a. “The Department and regional governing board shall consult with the Mental Health Planning and Evaluation Council and State Alcoholism and Drug Abuse Advisory Committee on matters relating to the development and funding of services under this subdivision.”
- b. “(funding) for the development of community-based mental health and substance abuse services, including intermediate level residential mental health services.”
- c. “The regional governing boards shall ensure that such services are equitably provided in all counties with the region based on need.”

The Governor has stated that the initial priorities for funding should be targeted at:

- a. Services that decrease the number of post commitment days, decrease the number of EPC’s, decrease the number of days consumers spend in inappropriate levels of care, and decrease the number of commitments to Regional Centers
- b. Increasing the service capacity available to special populations including individuals in the criminal justice system.

The HHSS Policy Cabinet has established the planning requirement that Assertive Community Treatment (ACT) is a priority service.

#### PLANNING REQUIREMENTS:

- a. MRO services must be included in the services to be added in the regions at the funding level described in number one above.
- b. Services funded and developed must as a first priority address the following system outcomes:
  - 1.) Eliminate Post Commitment Days in the Region
  - 2.) Decrease in the number of EPC's.
  - 3.) Decrease in the number of days consumers are in inappropriate levels of care
  - 4.) Decrease the number of commitments to Regional Centers for Substance Abuse
  - 5.) Increase the service capacity for special populations including individuals in the criminal justice system and individuals with DD and mental illness.
- c. Assertive Community Treatment (ACT) is a priority service for addressing the outcomes identified in (b.) above.
- d. Regions must describe their strategy for ensuring that "services are equitably provided in all counties within the region based on need."

#### PLANNING EXPECTATIONS:

- a. The lowest cost services (i.e. Community Support) should be funded first. This will facilitate the transition of consumers in higher intensity services to appropriate levels of care and ensure increased continuity of care.
- b. Maximize federal funds by expanding MRO services. To expand MRO services, the HHSS Policy Cabinet strongly encourages the consideration of Assertive Community Treatment (ACT) as a priority service to address outcomes listed in *PLANNING REQUIREMENT* Above.
- c. Each Region should review and if appropriate address in the Regional plan, the consumer need for intermediate level care in the region.

### 3. **Competitive Bidding**

Legislative intent as described in proposed legislation is as follows

- a. "Services under this subdivision may be provided directly by a regional governing board only after competitive bidding for such services and a determination by the regional governing board with the approval of the Director of Health and Human Services that such services can be more reasonably and beneficially provided by the regional governing board."

#### PLANNING REQUIREMENT:

- a. Regions may deliver services only if a competitive bidding process has been completed and a determination has been made by the regional governing board and the Director of Health and Human Services "that such services can be more reasonably and beneficially provided by the regional governing board."

PLANNING EXPECTATIONS:

- a. All services to be funded with the additional monies provided in LB 692 and LB 543 should be competitive bid. In those instances where the Region chooses not to award contracts through a competitive bidding process a rationale and justification for the decision should be provided to the Division of Mental Health, Substance Abuse, and Addiction Services.

**4. Management Information System**

PLANNING REQUIREMENT:

- a. All providers will work with HHSS in ensuring that providers fully participate in the NBHS information system so that the NBHS has timely and accurate information.

**5. Performance Outcomes and Measures**

Legislative intent as described in proposed legislation is as follows

- a. “The Department . . . shall report annually to the Legislature and the Governor regarding the use of funds appropriated under the act and outcomes achieved from such use.”
- b. The Governor has stated that his priorities for measuring NBHS system performance are:
  - 1.) # of Post Commitment Days
  - 2.) # of EPC’s
  - 3.) # of days consumers spend at inappropriate levels of care
  - 4.) # of commitments to Regional Centers for Substance Abuse
  - 5.) Service capacity available to special populations including individuals in the criminal justice system.

PLANNING REQUIREMENT

- a. all providers will agree to supply information requested by NBHS for the purpose of measuring performance.
- b. Regions will report performance annually to HHSS in a format agreed to in the NMT including the Regional Centers.

**6. Customer and Stakeholder Input**

PLANNING EXPECTATION

- a. Planning efforts must incorporate customers, providers, and other key stakeholder input.

**7. Rate Increases**

The funding level and guidelines for implementation of rate increases has not yet been provided by the Legislature. When these requirements are know HHSS will

together with Regions and providers develop a process to ensure rate increases are implemented accordingly.

## **8. Plans of Expenditure**

### **PLANNING REQUIREMENT**

- a. Plans of Expenditure (POE's) will be consistent with the process and timelines agreed to in the NMT
- b. Plans of Expenditure (POE's) will be developed in accordance with the Statewide Plan Goal, Objectives, and Standards and Expectations.

## Regional Implementation

### **Region I**

Region I was allocated \$225,000. The region, serving the western Nebraska Panhandle, serves the smallest percentage of the state's population.

A. How Services were Determined: Input from consumer groups, provider groups, Advisory Committee, and Governing Board blended with the priorities set by the Governor

B. The services and strategies targeted were:

Emergency Psychiatric Service Coordination in Central area	<ul style="list-style-type: none"> <li>• Decrease Emergency Protective Custody</li> <li>• Eliminate Post Commitment Days</li> <li>• Inappropriate levels of care</li> <li>• Reg. Center commitments for adults with substance abuse</li> <li>• Capacity to special pop.</li> </ul>
Expanded Community Support in north and south areas	<ul style="list-style-type: none"> <li>• Decrease Emergency Protective Custody</li> <li>• Eliminate Post Commitment Days</li> <li>• Inappropriate levels of care</li> </ul>
Local Crisis Response Teams/Emergency Psychiatric Service Coordination	<ul style="list-style-type: none"> <li>• Decrease Emergency Protective Custody</li> <li>• Eliminate Post Commitment Days</li> <li>• Inappropriate levels of care</li> <li>• Reg. Center commitments for adults with substance abuse</li> <li>• Capacity to special pop.</li> </ul>

C. RFP Process: Two rounds of RFP were conducted.

#### Round I

Event	Date	Comments/Discussion/Issues
Notice of Bidders Conference	6/29/01	Letters sent to all current providers in the Region I network plus all private and non-network providers with a presence in the region or expressing an interest in the region. Newspaper legal notice was sent.
Bidders Conference Held	7/18/01	26 agencies attended
Letter of Intent Due	8/3/01	5 received
RFP's Received	8/21/01	4 received for the three services
RFP's Reviewed	8/24/01 8/31/01	Regional staff, a provider, a law enforcement rep. and <u>three</u> consumers participated in the review process.
Advisory Council Approval	9/12/01	Advisory Council Considered Technical and Program review checklists and prepared recommendation for Governing Board
Governing Board Approval	9/13/01	3 member panel of Region Governing Board members reviewed the proposals prior to the meeting and made recommendation to the Board
Notice to Providers	9/20/01	Director of Network Services Recommendations and Proposals presented to state Division for comment prior to notification of awards were made

In the first round two proposals were rejected for technical merit because they omitted material needed to be a network provider and/or did not address the service specifications as distributed in the RFP.

**Regional Implementation***Region I, Continued***Round II**

Event	Date	Comments/Discussion/Issues
Notice of Bidders Conference	9/15/01	Same as Round I
Bidders Conference Held	10/10/01	13 attended
Letter of Intent Due	9/9/01	2 received
RFP's Received	11/26/01	1 received by deadline; one requested an extension of deadline due to personal family emergency of author
RFP's Reviewed	11/30/01 12/10 & 11//01	Same as Round I
Advisory Council Approval	12/12/01	Same as Round I
Governing Board Approval	12/13/01	Same as Round I
Notice to Providers	12/19/01	Same as Round I

One proposal for each service was received for the services in the north and central areas; no proposals were received for the services in the south. See Appendix A for Review Criteria.

**Round 2 is not yet complete.**

The Region requested and received permission for Panhandle Mental Health Center to provide the Expanded Community Support service in the southern area, and the Region to develop the ground work for the Local Crisis Response Team/Emergency Psychiatric Service Coordination for the southern area for a year at which time that service will be RFP'd again.

D. Current Status

Service Provided	Agency	Annualized Service Cost	Date Started	Date Expect Fully Operational
Community Support in northern area	Western Community Health Resources	\$38,220	10/1/01	10/1/01
Local Crisis Response Teams /Emergency Psychiatric Service Coordination in northern area	In Touch Counseling	\$30,000	11/1/01	12/1/01
Community Support In southern area	Panhandle Mental Health Center	\$38,220	11/1/01	1/31/01
Local Crisis Response Teams /Emergency Psychiatric Service Coordination in southern area	Region I	\$30,000	11/1/01	6/30/01
Emergency Psychiatric Service Coordination/ Lower Central	Regional West Medical Center	\$58,560	1/1/02	3/1/02
Local Crisis Response Teams /Emergency Psychiatric Service Coordination in upper central area	BBGH	\$30,000	1/1/02	TBD
<b>Total</b>		<b>\$225,000</b>		

At this time it is unknown what funds will not be drawn down this year due to start up timelines.

## Regional Implementation

### Region II

A. Decision Making Process: After talking with the referral sources to the current contractors, the Region determined that by adding six beds there could be a significant reduction in the wait time and thus make the possibility of success in treatment even greater. A high priority need for providers in Region II is access to care for women that addresses their particular needs and that can allow moms to take their children with them

B. The services and strategies targeted were:

Short-Term Residential - SA	<ul style="list-style-type: none"> <li>• Eliminate Post Commitment Days</li> <li>• Inappropriate Level of Care</li> <li>• Decrease the number of commitments to Regional Centers for Substance Abuse</li> </ul>
Client Centered Support for persons living in an Assisted Living Facility and Respite Care	<ul style="list-style-type: none"> <li>• Decrease the number of days consumers are in inappropriate levels of care</li> <li>• Decrease Emergency Protective Custody</li> </ul>
Coordinated Emergency Support for Behavioral Health	<ul style="list-style-type: none"> <li>• Eliminate Post Commitment Days in the Region</li> <li>• Decrease the number of days consumers are in inappropriate levels of care</li> <li>• Decrease Emergency Protective Custody</li> </ul>

C. RFP Process

Event	Date	Who Comments/Discussion/Issues
Notice of Bidders Conference	July 20, 2001	The invitation included all providers in the Region II area, all hospitals in the Region, all assisted living facilities in the Region and a news release containing an invitation to The McCook Daily Gazette; Keith County News; Clipper Herald; North Platte Telegraph; Omaha World Herald; Imperial Republican; Tribune Sentinel; Tri City Tribune; Hooker County Tribune; Thomas County Herald; Arthlur Enterprise; Gothenburg Times ; Beacon Observer; Elwood Bulletin; and Hitchcock County News.
Bidders Conference Held	August 2, 2001	Representative four agencies attended. Attendance at the bidders conference was not a requirement for bidders.
Letter of Intent Due	August 10, 2001	Six letters of intent were received for the 3 services.
RFP's Received	September 7, 2001	Four proposals were received. Two proposals were received for the Short-Term Residential Service, one proposals was received for the Coordinated Emergency Support for Behavioral Health service, and one proposal was received for the Client Centered Support for persons living in an Assisted Living Facility and Respite Care service.
RFP's Reviewed	September 12, 2001	A subcommittee of the Regional Advisory Committee served as the review committee. Of those involved in the review process, 80% were consumers. There was no screening of proposals as to completeness. None were disqualified.
Advisory Council Approval	September 12, 2001	
Governing Board Approval	September 20, 2001	
Notice to Providers	September 21, 2001	



**Regional Implementation***Region II, Continued***D. Current Status**

The following services have been approved in Region II:

<b>Service Provided</b>	<b>Agency</b>	<b>Annualized Service Cost</b>	<b>Date Started</b>	<b>Date Expect Fully Operational</b>
Short-Term Residential - SA	St Monica's	\$ 353,137	October 1, 2001	December 1, 2001
Client Centered Support for persons living in an Assisted Living Facility and Respite Care	Pawnee Hotel	\$ 93,000	November 1, 2001	December 1, 2001
Coordinated Emergency Support for Behavioral Health	Richard Young Hospital	\$18,261	November 1, 2001	January 15, 2002
<b>Total</b>		<b>\$464,398</b>		

All funds have been allocated. It is anticipated that the funds drawn down will be proportionate to the percent of the fiscal year that is left from the time of full operation.

## Regional Implementation

### **Region: III**

**A. How Services Were Determined:** Services were determined by reviewing past planning efforts such as Behavioral Health Redesign, Long-Term Funding Workgroup, a review of Region III data as it applied to the Governor's and Legislature's priorities for new funds, and discussions with Division staff. Both the BH Redesign and Long-Term Funding planning processes included consumers, providers, and other stakeholders. Emergency services were identified through a planning process with stakeholders in the Region III area, including law enforcement, county attorneys, MHB members, providers, and Division and Region personnel. A thorough review of issues within the current Region III Emergency service system was completed. A plan was presented to and approved by the stakeholder group.

### **B. Services and Strategies**

Services Chosen and Approved	Strategies Effectuated
<ul style="list-style-type: none"> <li>Community Support – MH</li> <li>Community Support SA</li> <li>Day Rehab</li> <li>Outpatient with an emphasis on Drug Court participants</li> <li>Short-Term Residential</li> <li>Intensive Outpatient</li> <li>Emergency Community Support</li> <li>Civil Protective Custody</li> </ul>	<ul style="list-style-type: none"> <li>Decreasing post commitment days</li> <li>Decreasing the number of Emergency Protective Custody situations</li> <li>Decreasing the number of days consumers are served in inappropriate levels of care</li> <li>Increase the service capacity available to special populations.</li> <li>Decreasing the number of commitments to Regional Centers for substance abuse; and</li> <li>Increase the service capacity available to special populations</li> </ul>

### **C. RFP Process: Three rounds of RFP were conducted.**

#### Round I

Event	Date	Who Was Involved Comments/Discussion/Issues
Notice of Bidders Conference <ul style="list-style-type: none"> <li>Community Support – MH</li> <li>Community Support – SA</li> <li>Day Rehab</li> <li>Intensive Outpatient</li> <li>Outpatient with an emphasis on Drug Court participants</li> <li>Short-Term Residential</li> </ul>	6/28/01	All providers were invited to ensure an open process. Mailed notices to “public” and private behavioral health providers statewide. Public notice was placed in the major Nebraska newspapers. Public notice was placed in the major newspapers in Nebraska. Letters were also sent to Evaluation and Selection Committee members, Behavioral Health Advisory Committee members, and Regional Governing Board members.
Bidders Conference Held	7/16/01	Region III personnel presented RFP and required information. Good representation of behavioral health providers both public and private.
Letter of Intent Due	7/24/01	Fourteen letters of Intent were received
RFP's Received	8/10/01	Seventeen proposals were received. All services received at least one proposal.
Advisory Committee Approval	8/20/01	A Review and Selection Committee was utilized, consisting of Behavioral Health Advisory Committee Representation, RGB Representation, Division Representation, and Region III staff. Proposals were mailed to all members with Review Criteria, guidelines and a review form (See Appendix A)
Regional Governing Board Approval	8/24/01	The RFP process was presented to the Board as an overview. The Board approved the committee's funding recommendations.
Notice to Providers	8/28/01	RPA sent letters to all those that submitted proposals as well as those providers selected to provide the services in the RFP on the 2 <sup>nd</sup> business day after the announcement during the RGB meeting.

**Regional Implementation***Region III, Continued*

Intensive Home-Based Support Services for Pregnant Women and Women with Children Service withdrawn prior to the due date for proposals, after the region learned the plan would not be approved by the Division of Mental Health, Substance Abuse and Addiction Services due to the question as to meeting the intent of LB 692. All proposals received were complete. No proposals were disqualified. The Region did not review those proposals that were submitted for services withdrawn from the RFP. The decision to withdraw the services was made at the time the proposals were due.

**Round II: Short Term Residential Only**

It was determined, after discussions with the Division, that 5 additional beds were needed for Short-Term Residential, and that Region III would issue another RFP for Short-Term Residential since the first RFP asked for 1 additional bed.

Event	Date	Who Was Involved Comments/Discussion/Issues
Notice of Bidders Conference	8/28/01	The region determined that all providers of Short-Term Residential as well as the psychiatric hospitals in Region III should be invited to ensure an open process. Public notice was placed in the major Nebraska newspapers.
Bidders Conference Held	9/10/01	
Letter of Intent Due	9/18/01	Three letters of Intent were received
RFP's Received	10/15/01	Two proposals for each service were submitted. Both proposals were complete. No proposals were disqualified. Review criteria was the same as Phase I. "
Advisory Council Approval	11/15/01	"One Consumer/parent represented the Region III Behavioral Health Advisory Committee (BHAC) on the review committee.
Regional Governing Board Approval	11/16/01	Same as Round I
Notice to Providers	11/19/01	"

**Round III: Emergency Community Support and Civil Protective Custody**

Event	Date	Who Was Involved Comments/Discussion/Issues
Notice of Bidders Conference	11/21/01	Notices were published in the major newspapers in Nebraska. Providers from across the state were invited.
Bidders Conference Held	12/03/01	
Letter of Intent Due	12/14/01	
RFP's Received		Due 1/17/02
Advisory Council Approval		Due 1/25/02
Regional Governing Board Approval		Due 1/25/02
Notice to Providers		Notice will be sent on 1/28/02

**Round III is not yet completed.**

**Regional Implementation***Region III, Continued***D. Current Status:**

<b>SERVICE</b>	<b>PROVIDER</b>	<b>FUNDS AWARD</b>	<b>Start Date</b>	<b>Date Fully Operational</b>
Mental Health				
Day Rehabilitation/Area 1	Central Nebraska Goodwill Industries	\$42,807		
Community Support/MH MRO/Area 1	Central Nebraska Goodwill Industries	\$30,883		
Community Support/MH Non-MRO/Area 2	South Central Behavioral Services	\$27,696		
Crisis Intervention/Adams, Buffalo & Hall Counties Emergency Community Support Civil Protective Custody	TBD	\$90,370 \$92,169		
<b>Substance Abuse</b>				
Short Term Residential	St. Francis Alcohol and Drug Treatment Center	\$100,781		
	Behavioral Health Specialists - Seekers of Serenity	\$149,318		
Community Support Area 1	Central Nebraska Goodwill Industries	\$38,799		
Intensive Outpatient Area 1	St. Francis Alcohol and Drug Treatment Center	\$16,825		
Intensive Outpatient Area 2	South Central Behavioral Services	\$19,781		
Outpatient (includes increased capacity/individuals in Drug Court) Area 1	St. Francis Alcohol and Drug Treatment Center	\$52,224		
Outpatient/Area 2	South Central Behavioral Services	\$34,807		
<b>TOTAL</b>		<b>\$696,469</b>		

## Regional Implementation

### Region IV

A. How Services were Determined: Community meetings, Advisory Committee input, Provider meetings from January 2000 – June 2001. Identified needs were prioritized; ultimately services were chosen based upon legislative and gubernatorial targeted priorities and goals. All services put out for bid were chosen based upon having a significant impact on problem areas (i.e. post commitment days, provision of services most likely to help consumers transition into the community.)

### B. Services & Strategies Approved

Community Support-Mental Health	<ul style="list-style-type: none"> <li>Decreasing post commitment days</li> <li>Decreasing the number of Emergency Protective Custody situations</li> <li>Decreasing the number of days consumers are served in inappropriate levels of care</li> </ul>
Day Rehab	<ul style="list-style-type: none"> <li>Decreasing post commitment days</li> <li>Decreasing the number of Emergency Protective Custody situations</li> <li>Decreasing the number of days consumers are served in inappropriate levels of care</li> </ul>
Community Support – Substance Abuse	<ul style="list-style-type: none"> <li>Decreasing post commitment days</li> <li>Decreasing the number of Emergency Protective Custody situations</li> <li>Decreasing the number of days consumers are served in inappropriate levels of care</li> <li>Decreasing the number of commitments to Regional Centers for substance abuse</li> </ul>
Short Term Residential Substance Abuse	<ul style="list-style-type: none"> <li>Decreasing post commitment days</li> <li>Decreasing the number of Emergency Protective Custody situations</li> <li>Decreasing the number of days consumers are served in inappropriate levels of care</li> <li>Decreasing the number of commitments to Regional Centers for substance abuse</li> </ul>
Detox	<ul style="list-style-type: none"> <li>Decreasing post commitment days</li> <li>Decreasing the number of Emergency Protective Custody situations</li> <li>Decreasing the number of days consumers are served in inappropriate levels of care</li> <li>Decreasing the number of commitments to Regional Centers for substance abuse</li> </ul>
Dual Disorder	<ul style="list-style-type: none"> <li>Decreasing post commitment days</li> <li>Decreasing the number of Emergency Protective Custody situations</li> <li>Decreasing the number of days consumers are served in inappropriate levels of care</li> <li>Decreasing the number of commitments to Regional Centers for substance abuse</li> <li>Increase the service capacity available to special populations</li> </ul>
CADAC Assessment Criminal Justice	<ul style="list-style-type: none"> <li>Decreasing post commitment days</li> <li>Decreasing the number of Emergency Protective Custody situations</li> <li>Decreasing the number of days consumers are served in inappropriate levels of care</li> <li>Decreasing the number of commitments to Regional Centers for substance abuse</li> <li>Increase the service capacity available to special populations</li> </ul>

**Regional Implementation***Region IV, Continued***B. RFP Process: Two rounds of RFP were conducted.****Round 1**

Event	Date	Comments/Discussion/Issues
Notice of Bidders Conference	7-2-01	Region IV targeted a broad base of possible interested parties, community providers (within and outside of the Region 4 network), mailing lists obtained from the Nebraska Association of Behavioral Health Organizations and the Children and Families of Nebraska provider coalition. In addition, invitations were sent to a broad base of law enforcement, hospitals and other entities that might have an interest. Announcements were put in newspapers throughout the region. A total of <u>270</u> notices were sent statewide
Bidders Conference Held	7-12-01	19 Agencies Attended
Letter of Intent Due	7-26-01	14 Letters of Intent received
RFP's Received	8-10-01	Community Support SA - 2 ; Short Term Residential – 1 Detox – 1; Community Support MH – 1; Day Rehab – 1; Dual Diagnosis Residential - 1
RFP's Reviewed	8-22-01	The review committee consisted of 3 Governing Board Members, 3 Advisory Committee Members and 3 Region 4 Behavioral Health System staff. Two consumers served on the committee. See Appendix D.
Advisory Council Approval	7-19-01	
Governing Board Approval	8-24-01	
Notice to Providers		Providers attended the Governing Board Meeting and heard the decision of the board. Meetings were set up with each individual agency to continue the contractual process.

Because of the small number of proposals received, the Region focused on the desired intent of each proposal and whether that was congruent with our intended targets. All proposals submitted were considered. From the recommendations made by the Region 4 Advisory Committee and the review committee, the Regional Governing Board approved the recommendations and specified that the Regional Program Administration should continue negotiations with the recommended program to finalize details regarding services to be delivered and to finalize a contract for the provision of services.

**Round 2**

Event	Date	Comments/Discussion/Issues
Notice of Bidders Conference	8-30-01	175 Letters were sent to providers in and outside of Region 4, including Region 4 community providers (within and outside of the Region 4 network) as well as community hospital, law enforcement, and other entities that might have an interest. Announcements were also put in newspapers throughout the region
Bidders Conference Held	9-11-01	Nine agencies attended.
Letter of Intent Due	9-25-01	Four letters of intent were received.
RFP's Received	1	One proposal was submitted for Crisis Management.
RFP's Reviewed	1	See next page See Attachment # 3.
Advisory Council Approval	10-18-01	Same as Round I
Governing Board Approval	11/16/01	
Notice to Providers		Meetings were set up with each individual agency to continue the contractual process

**Regional Implementation***Region IV, Continued*D. Current Status

<b>Service Provided</b>	<b>Agency</b>	<b>Annualized Service Cost</b>	<b>Start Date</b>	<b>Date Fully Operational</b>
CS-MH (1 position)	Sandhills MH & SA	\$58,824	10/01/01	2/01/02
Day Rehab	Sandhills MH & SA	\$106,428	10/01/01	3/01/02
CS-SA (1 position)	Sandhills MH & SA	\$60,309	10/01/01	2/01/02
CS-SA (1 position)	BHS	\$60,309	9/01/01	12/01/01
Short Term Res.	BHS –SOS Place	\$235,425	9/01/01	10/01/01
Detox	BHS – SOS Place	\$40,807	9/01/01	10/01/01
Dual Disorder	W.E.L.L. Link	\$239,135*	10/01/01	02/01/02
CADAC Assessment Criminal Justice	To Be Determined	\$9,000		
Crisis Management	Rainbow Center	146,306	01/01/02	04/02/01
<b>Total</b>		<b>\$810,118</b>		

\*Includes one-time start-up funds of 36,669.

Region IV anticipates \$209,807 will not be drawn down this year due to start up timelines. These funds are expected to be drawn down next year with units. No bids were received for Intermediate Residential – 8 beds and Crisis Management during Round I. Crisis Management \$127,027 is still not allocated. Region IV is meeting with a group from Valentine on 12-11-01 to discuss Crisis Management. No bids were received for Dual Diagnosis – 5 Beds - \$337,443. A meeting is set with W.E.L.L. Link on 12-18-01 to further discuss this service. Region IV anticipates \$185,634 will not be drawn down this year due to start up timelines. However the funds will be drawn down next year in units.

## Regional Implementation

### Region V

The total new funds allocated to Region V was \$2,256,193.

A. How Services were Determined: Planning groups were used involving consumers, providers, Behavioral Health Advisory Committee members, and Regional Governing Board members, with an emphasis on meeting the priorities established by the Governor, Legislature, and Department of Health and Human Services, and incorporating the previous year's six year planning process. In determining the Round 2 services, those services that did not receive awards in full or in part were again identified for re-application. Using the six-year plan previously developed, top-priority services previously not considered in Round 1 were identified through a series of meetings including consumers, providers, BHAC members and Regional Governing Board members. Following the identification of the additional services, planning meetings were held to develop program service specifications to ensure the services could be done for the available funding and that the services would meet the priority strategies.

B. Strategy and Services Approved: Two rounds of approvals and RFP were conducted.

Intermediate Residential - Substance Abuse	<ul style="list-style-type: none"> <li>• Decrease Post Commitment Days</li> <li>• Decrease Emergency Protective Custody</li> <li>• Decrease Inappropriate Levels of Care</li> <li>• Decrease Substance Abuse commitments</li> </ul>
Short-Term Residential - Substance Abuse	<ul style="list-style-type: none"> <li>• Decrease Post Commitment Days</li> <li>• Decrease Inappropriate Levels of Care</li> <li>• Decrease Substance Abuse commitments</li> </ul>
Intensive Care Management for High Utilizers of Mental Health & Substance Abuse Services	<ul style="list-style-type: none"> <li>• Decrease Post Commitment Days</li> <li>• Decrease Emergency Protective Custody</li> <li>• Decrease Inappropriate Levels of Care</li> <li>• Decrease Substance Abuse commitments</li> <li>• ACT</li> </ul>
Emergency Community Support Mental Health & Substance Abuse	<ul style="list-style-type: none"> <li>• Decrease Post Commitment Days</li> <li>• Decrease Emergency Protective Custody</li> <li>• Decrease Inappropriate Levels of Care</li> <li>• Decrease Substance Abuse commitments</li> </ul>
Halfway House for Males - Substance Abuse	<ul style="list-style-type: none"> <li>• Decrease Post Commitment Days</li> <li>• Decrease Inappropriate Levels of Care</li> <li>• Decrease Substance Abuse commitments</li> </ul>
Community Support - Mental Health - Rural	<ul style="list-style-type: none"> <li>• Decrease Emergency Protective Custody</li> <li>• Decrease Inappropriate Levels of Care</li> <li>• Equitable Distribution of Services</li> </ul>
Community Support - Mental Health - Urban	<ul style="list-style-type: none"> <li>• Decrease Emergency Protective Custody</li> <li>• Decrease Inappropriate Levels of Care</li> </ul>
Outpatient Mental Health & Subst. Abuse Urban	<ul style="list-style-type: none"> <li>• Decrease Emergency Protective Custody</li> </ul>
Outpatient Mental Health & Substance Abuse - Rural	<ul style="list-style-type: none"> <li>• Decrease Emergency Protective Custody</li> <li>• Equitable Distribution of Services</li> </ul>
Intensive Outpatient for Drug court Substance Abuse	<ul style="list-style-type: none"> <li>• Decrease Inappropriate Levels of Care</li> <li>• Increase services to Special Populations</li> </ul>
Emergency Protective Custody Mental Health & Substance Abuse	<ul style="list-style-type: none"> <li>• Decrease Inappropriate Levels of Care</li> </ul>



### Regional Implementation

Vocational Support Mental Health	<ul style="list-style-type: none"> <li>• Decrease Inappropriate Levels of Care</li> <li>• Increase services to Special Populations</li> </ul>
Short-Term Respite - Mental Health & Substance Abuse	<ul style="list-style-type: none"> <li>• Decrease Post Commitment Days</li> <li>• Decrease Emergency Protective Custody</li> <li>• Decrease Inappropriate Levels of Care</li> </ul>
Bi-Lingual/Bi-Cultural Service Coordination - Mental Health & Substance Abuse	<ul style="list-style-type: none"> <li>• Decrease Post Commitment Days</li> <li>• Decrease Emergency Protective Custody</li> <li>• Decrease Inappropriate Levels of Care</li> <li>• Increase services to Special Populations</li> </ul>
Dual Disorder Residential - Mental Health & Substance Abuse	<ul style="list-style-type: none"> <li>• Decrease Post Commitment Days</li> <li>• Decrease Emergency Protective Custody</li> <li>• Decrease Inappropriate Levels of Care</li> </ul>

### C. RFP Process

#### Round 1

Event	Date	Who Involved/Comments/Discussion/Issues
Notice of Bidders Conference	6-15-01, 6-17-01 & 6-24-01	Letter was mailed to 182 “interested parties” in the community. Legal notice of the Bidders Conference was published in the Journal Star.
Bidders Conference Held	6-25-01	62 people attended. Over 3 hours of detailed technical assistance was provided, including a review of materials, services being bid, application process, general instructions, proposal format, “Minimum Standards” for new applicants, and proposal evaluation process.
Letter of Intent Due	7-27-01	49 Letters of Intent were received from 15 providers.
RFP's Received	8-20-01	25 proposals were received from 11 providers Region V staff conducted an initial review to ensure basic bid standards were met. Of the 25 proposals received, 14 had delinquent areas that did not meet these basic requirements. Those applicants were notified of the opportunity to correct these deficiencies so their proposals could be forwarded to the Review Committees. All but one applicant made the required changes.
RFP's Reviewed	8-30-01 to 9-05-01	Review Committees were established by soliciting volunteers from the community (consumers and interested people), Region V's BHAC members and RGB members, & Region V staff; 2 <u>consumers</u> participated in the review process. The first stage involved an in-depth evaluation by the established Review Committees. The final review, representing the RGB's consideration of the Review Committee's recommendations was done at the RGB's public meeting on 9-10-01.
Review & Advisory Council Approval	N/A	Based on the legal advice of Region V's attorney, proposal evaluation scores and review comments were not be made public; the complete information was only shared amongst the RGB, as the legal entity, and Region V staff. However, the advisory committee who served on the Review Committees played an active role.
Governing Board Approval	9-10-01	RGB members were provided with a “working notebook” containing proposal evaluation scores, Review Committee comments, and recommendations for all Program Service Specifications issued. The RGB discussed each one individually and made motions for each that included approval of service provider, dollar award, & capacity.
Notice to Providers	9-17-01	Applicants were advised they would be kept apprized of additional funding opportunities as they come available.
	9-25-01	Providers were advised they could begin to develop/provide services. They were also advised to submit a “Monthly Milestone Report” to the Region to document progress made to date.

**Regional Implementation***Region V, Continued*

For Round 1, Region V received a bid for all PSS's issued.

**Round 2**

<b>Event</b>	<b>Date</b>	<b>Comments/Discussion/Issues</b>
Notice of Bidders Conference	11-16-01 11-25 & 12-02-01	Letter was mailed to 134 "interested parties" in the community. Legal notice of the Bidders Conference was published in the Journal Star.
Bidders Conference Held	12-03-01	18 people attended Changes to Round 1's RFP were discussed as well as an overview of the services being RFP'd. Individual technical assistance was offered to current providers and new applicants who wanted a more comprehensive overview of the application process.
Letter of Intent Due	12-17-01	
RFP's Received	1-07-02	
RFP's Reviewed	1-17-02 to 1-22-02	Same as Round 1. The final review will represent the Regional Governing Board's consideration of the Review Committee's recommendations at the RGB's public meeting on 1-28-02.
Review & Advisory Council Approval	N/A	Advisory committee members will serve on the Review Committees.
Governing Board Approval	1-28-02	RGB & Region V Staff Will be conducted similar to Round 1.
Notice to Providers	2-11-02	Letters will be sent to all providers who bid on services. Providers will be advised to submit a "Monthly Milestone Report" to the Region to document progress made to date. Applicants who may not receive an award will be advised they will be kept apprized of additional funding opportunities as they come available.

C. Current Status

<b>Service Provided</b>	<b>Agency</b>	<b>Annual Service Cost</b>	<b>Date Started</b>	<b>Date Fully Operational</b>
Intermediate Residential - Substance Abuse	Cornhusker Place	\$239,940	October 2001	November 2001
Community Support - Mental Health - Urban	CenterPointe Community Mental Health Center	\$117,648 \$411,768	November 2001	January 2002
Outpatient - Mental Health & Substance Abuse - Urban	Community Mental Health Center Family Service	\$49,950 \$50,050	November 2001 September 2001	December 2001 October 2001
Outpatient - Mental Health & Substance Abuse - Rural	Lutheran Family Services TBD	\$22,500 \$77,500	September 2001	October 2001
Short Term Residential - Substance Abuse	St. Monica's TBD	\$235,425 \$235,425	November 2001	December 2001
Emergency Protective Custody Mental Health & Substance Abuse	Cornhusker Place	\$25,000	November 2001	December 2001
Vocational Support - Mental Health	Community Mental Health Center	\$4,000	November 2001	December 2001
Halfway House Males/ Substance Abuse	Houses of Hope	\$37,000	September 2001	October 2001

**Regional Implementation**

Intensive Outpatient Urban Substance Abuse/Drug Court	Lutheran Family Services	\$39,732	November 2001	November 2001
	TBD	\$17,028		
Community Support Mental Health Rural	TBD	\$58,825		
Emergency Community Support	TBD	\$58,825		
Intensive Case Management/Mental Health & Substance Abuse	TBD	\$82,676		
Short-Term Respite - Mental Health & Substance Abuse	TBD	\$270,220		
Bi-Lingual/Cultural Service Coordination Mental Health & Substance Abuse	TBD	\$40,626		
Dual Disorder Residential - Mental Health & Substance Abuse	TBD	\$182,000		
<b>Total</b>		<b>\$2,256,138</b>		

As of this writing \$1,023,180 remains to be allocated from Round 1 as follows: \$530,334 will be re-bid (6 of the PSS's from Round 1) in Round 2 because 1) several providers who applied for services in Round 1 did not meet the requirements of the PSS's; or 2) not all the funds were allocated for a particular PSS. In addition, \$492,846 was withdrawn at the direction of the Policy Cabinet because these PSS's were designated for children's, prevention, and developmental disabilities services.

Region V anticipates the following funds will not be drawn down this year due to start up timelines.

	Anticipated Amount Drawn Down	Anticipated Amount Not Drawn Down
Start Up For Round 1	\$49,250	- 0 -
Capacity Funds for Round 1	\$887,822	\$295,941
Capacity Funds for Round 2	\$511,590	\$511,590
Total Funds	\$1,448,662	\$807,531

## Regional Implementation

### **Region 6**

Region VI received \$3,243,077 in funds to expand or enhance services. Included in that figure was \$1,151,640 to continue services to former Paxton Manor residents that were initiated last fiscal year in response to the facility's closing. The closing left 105 individuals with severe and persistent mental illness in need of housing and services.

**A. How Services were Determined:** Three planning efforts: Network providers, Emergency Psychiatric Service System Redesign, and Region 6 staff.

### **B. Strategy and Services Approved**

<b>Services Chosen and Approved</b>	<b>Strategies Effected</b>
Urgent Outpatient Mental Health	<ul style="list-style-type: none"> <li>• Decrease Post Commitment Days</li> <li>• Decrease Emergency Protective Custody</li> <li>• Decrease Inappropriate Levels of Care</li> <li>• Decrease Substance Abuse commitments</li> </ul>
Intensive Outpatient Substance Abuse	<ul style="list-style-type: none"> <li>• Decrease Post Commitment Days</li> <li>• Decrease Emergency Protective Custody</li> <li>• Decrease Inappropriate Levels of Care</li> <li>• Decrease Substance Abuse commitments</li> </ul>
Social Setting Emergency Detoxification	<ul style="list-style-type: none"> <li>• Decrease Post Commitment Days</li> <li>• Decrease Emergency Protective Custody</li> <li>• Decrease Inappropriate Levels of Care</li> <li>• Decrease Substance Abuse commitments</li> </ul>
Day Rehabilitation	<ul style="list-style-type: none"> <li>• Decrease Inappropriate Levels of Care</li> <li>• Final Closure on Paxton Service Crisis</li> </ul>
Community Support	<ul style="list-style-type: none"> <li>• Decrease Post Commitment Days</li> <li>• Decrease Emergency Protective Custody</li> <li>• Decrease Inappropriate Levels of Care</li> </ul>
Crisis Center	<ul style="list-style-type: none"> <li>• Decrease Post Commitment Days</li> <li>• Decrease Emergency Protective Custody</li> <li>• Decrease Inappropriate Levels of Care</li> <li>• Decrease Substance Abuse commitments</li> </ul>

**Regional Implementation***Region VI, Continued*C. RFP Process: Two rounds of RFP were conducted.**Round 1**

<b>Event</b>	<b>Date</b>	<b>Who was Involved/ Comments/Discussion/Issues</b>
Notice of Bidders Conference	7/27/01	Mailed bidders conference announcement to approximately 300 public, private, non-profit and for-profit organizations and individuals in the 5-county area. Placed public meeting notice in newspapers all the counties.
Bidders Conference Held	8/6/01	40 persons attended. Region 6 staff reviewed RFP funding, program/service specifications, process, timelines, forms, instructions, and evaluation process.
Letter of Intent Due	8/13/01	Received letters of intent from 16 agencies. Eleven of the 16 letters from network providers; 5 from non-network providers.
RFP's Received	9/5/01	Received 16 proposals from 10 agencies: Outpatient Mental Health - 3 proposals; Intensive Outpatient Substance Abuse -6 proposals; Social Setting Emergency Detoxification - 1 proposal; Short-term Residential Mental Health - 3 proposals; Psychiatric Residential Rehabilitation - 1 proposal
RFP's Reviewed	9/6/01-9/28/01	Review Committee. Despite efforts to include consumer involvement in the review process, the Region was unable to identify anyone to participate Two proposals from one agency were substantially incomplete and found unacceptable for further review.
Advisory Council Approval	10/10/01	BHAC, Region 6 staff Received Review Committee report and recommendations. Residential Rehabilitation withdrawn; funds proposed for Day Rehabilitation and Community Support Mental Health.
Governing Board Approval	10/17/01	Board approved Outpatient Mental Health, Intensive Outpatient Substance Abuse, and Social Setting Emergency Detoxification.
Notice to Providers	10/24/01	

The proposal review criteria mirrored exactly the RFP instructions. A review checklist was developed with a point value for each element of the proposal.

Request for Proposal (Round 2) timeline was as follows:

Notice of Bidders Conference	11/16/01
Bidders Conference	11/26/01
Letter of Intent Due	12/4/01
Proposals Due	12/18/01
Review of Proposals	12/19/01-1/2/02
Review and Recommendation by Advisory Committee	1/9/02
Governing Board Approval	1/16/02
Written Announcement of Funding	1/23/02

**Regional Implementation***Region VI, Continued***C. Current Status**

<b>Service Provided</b>	<b>Agency</b>	<b>Annual Service Cost</b>	<b>Date Started</b>	<b>Expect Fully Operational</b>
Outpatient Mental Health	Lutheran Family Services	\$387,509	1/1/02	1/1/02
Intensive Outpatient Substance Abuse	Lutheran Family Services	\$183,054	1/1/02	4/1/02
Social Setting Emergency Detoxification	Catholic Charities	\$339,725	1/1/02	1/1/02
Crisis Center	TBD	\$698,694		
Day Rehab	TBD	\$593,400		
Community Support Mental Health	TBD	\$58,824		
<b>Total</b>		<b>\$1,854,047</b>		

Two services, Short-term residential services, and Psych Residential Rehabilitation were withdrawn from consideration.

The Region anticipates \$1,080,000 will not be drawn down this year due to start up timelines.

## REGION II HUMAN SERVICES REVIEW COMMITTEE EVALUATION AND SCORING SHEET

oyes o no Eligibility Criteria – page 11  
 oyes o no Letter of Intent  
 oyes o no Proposal in by due date and time  
 oyes o no One original and 10 copies  
 oyes o no Forms complete  
 oyes o no Cover Page, CEO's signature

oyes o no Executive Summary  
 oyes o no Is it complete?  
 oyes o no Is it thorough?  
 oyes o no Is it understandable?

### A. Program Narrative (40 points)

Question	Max Pts	Pts Scored
Does the applicant's proposal meet the purpose stated?	Y N	
Has the applicant adequately shown a need for the program/service	Y N	
Is the applicant's target population and/or geographic area clearly identified and does it fit the stated intent in the RFP?	Y N	
Is the applicant's proposed program/service well organized?	10	
Are the applicant's goals and objectives clearly stated, appropriate, and consistent with the stated objectives described in the program/service specifications?	10	
Are the applicant's process and outcome objectives measurable?	Y N	
Is the admission criteria consistent with the program/service specifications?	Y N	
Is the applicant's assessment process appropriate for the target population?	10	
Are the applicant's specific services to the consumer clearly identified and consistent with the program/service specifications?	10	
Does the applicant's proposed program/service involve an appropriate amount of direct consumer involvement?	Y N	
Does the applicant's proposed service/program have adequately trained and experienced staff?	Y N	
Does the applicant's proposed program/service have an effective quality assurance plan?	Y N	
<b>TOTAL POINTS THIS SECTION</b>	<b>40</b>	

### B. Development/Implementation Time-line Plan (30 points)

Are the applicant's BH-5's attached?	Y N	
Has the applicant provided a workable development process/Implementation schedule?	10	
Has the applicant formally stated the steps in its evaluation process? Are they workable?	10	
Are the applicant's goals and objectives reasonable and necessary?	Y N	
Is the time frame for the development and delivery of services acceptable?	10	
<b>TOTAL POINTS THIS SECTION</b>	<b>30</b>	

### C. Budget and Budget Justification Narrative (30 points)

Is the applicant's itemized budget appropriate for the program/services proposed?	10	
Has the applicant produced a complete itemized budget? Is it reasonable?	Y N	
Has the applicant adequately justified the expenses listed in the budget?	10	
Has the applicant clearly provided time frames for becoming operational to serve new consumers? Are they reasonable?	10	
<b>TOTAL POINTS THIS SECTION</b>	<b>30</b>	

### SCORING RECAP (Please complete recap and record Grand Total on Page 1):

SECTION	Max Y (YES)	Maximum Pts	TOTAL POINTS
A. Program Narrative	8	40	
B. Development/Implementation Time Line Plan	2	30	
C. Budget and Budget Justification narrative	1	30	
<b>TOTAL POSSIBLE POINTS / OR YES</b>	<b>11</b>	<b>100</b>	

Do you think this proposal will work to achieve the desired service and outcomes? Yes/No Why?

Other comments:

## APPENDIX D

### Region III

#### A. Program Narrative (60 points)

QUESTION	MAXIMUM POINTS	POINTS SCORED
Is the applicant's purpose for the program/service clearly stated?	5	
Has the applicant adequately shown a need for the program /service?	5	
Is the applicant's target population and /or geographic area clearly identified?	5	
Is the applicant's proposed program/service well organized?	5	
Are the applicant's goals and objectives clearly stated, appropriate, and consistent with the stated objectives described in the program/service specifications?	5	
Are the applicant's process and outcome objectives measurable?	5	
Are the applicant's goals and objectives	5	
Is the admission criteria consistent with the program/service specifications?	5	
Is the applicant's assessment process appropriate for the target population?	5	
Are the applicant's specific services to the consumer clearly identified and consistent with the program/service specifications?	5	
Does the applicant's proposed program/service involve an appropriate amount of direct consumer involvement? Does the applicant's proposed service/program have adequately trained and experienced staff?	5	
Does the applicant's proposed program/service have an effective quality assurance plan?	5	
TOTAL POINTS THIS SECTION	60	

#### B. Development/Implementation Time line Plan (15 points)

QUESTION	MAXIMUM POINTS	POINTS SCORED
Are the applicant's BH-5s attached?	3	
Has the applicant provided an workable development process/implementation schedule?	3	
Has the applicant formally stated the steps in its evaluation process?	3	
Are the applicant's goals and objectives reasonable and necessary?	3	
Is the time frame for the development and delivery of services acceptable?	3	
TOTAL POINTS THIS SECTION	15	

#### C. Budget and Budget Justification narrative (25 points)

QUESTION	MAXIMUM POINTS	POINTS SCORED
Is the applicant's itemized budget appropriate for the program/services proposed?	5	
Has the applicant produced a complete itemized budget?	5	
Has the applicant adequately justified the expenses listed in the budget?	5	
Has the applicant clearly provided time frames for becoming operational to serve new consumers?	5	
Does the organization's independent audit demonstrate fiscal stability sufficient to ensure consistent operation of this program/service?	5	
TOTAL POINTS THIS SECTION	25	



## APPENDIX D

### Region IV Service Proposed:

	1	2	3	4	5
Name and address of the provider agency with an explanation of why the provider is capable of providing this program. Identify the specific amount of time (up to a maximum of 12 months) needed to develop the service and the dates of the service development period requested.					
Describe the purpose of the program					
Describe the need for the program					
Describe the target population to be served					
How will the program be organized					
List and explain the goals of the program which describe specific, measurable desired outcomes <i>from a consumer's point of view</i>					
Describe admission criteria and procedures for consumers to access the program					
Describe the assessment process and procedures					
List and include complete explanations of the specific services to be provided directly to the consumer					
Describe the procedures for direct consumer involvement in the program					
Discuss the capacity anticipated for the program					
Discuss the program staffing proposed					
Describe the quality assurance plan which will be used for this program and directed at <i>desired outcomes for the consumer</i>					
Identify the specific facility needs of the program and explain how the program will meet those needs.					

## **APPENDIX D**

### **Region V Review Criteria**

The Regional Governing Board shall conduct a fair and comprehensive evaluation of all applications received in accordance with criteria set forth below. A contract award will be based on the highest quality of service that meets the Regional Governing Board's requirements, at the most economical cost. All proposals will be scored as part of the evaluation process. Each proposal will initially be reviewed to ensure it meets the basic standards for the bid. (i.e. funding criteria, general instructions for submission of proposals, minimum standards, and the executive summary.)

Proposals that meet all the requirements of this initial review will be forwarded to the Review Committee for a complete evaluation of the proposal. The state guidelines for a Capacity Development Plan outlines specifically the questions that each reviewer will be asking of the proposal. (See state guideline on Capacity Development Plans).

In addition, Region V Systems Priorities for the Behavioral Health System are reviewed:

Has the applicant demonstrated that they have the ability to make a difference to the population identified? Is the applicant's proposed program/service a cost-effective solution to the problems that they address? Can the applicant's proposed program/service be developed and implemented in a short (or reasonable) period of time? Does the applicant's proposed program/service address the requirements of the Department of Health and Human Services? Has the applicant demonstrated accountability for its actions? Does the applicant's proposed program/service strengthen the current infrastructure without duplicating supportive cost, services, or previously spent start-up costs?

## APPENDIX D